

Revision: HCFA-PM-91-4
August 1991

(BPD)

ATTACHMENT 2.2-A
Page 21
OMB No.: 0938-0193

STATE: NEVADA

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(10)(A)
(11)(IX)
and 1902(1)(1)
(D) of the Act

N/A

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the federal poverty level) specified in Supplement 1 of Attachment 2.6-A for a family of the same size.

Children who are born after September 30, 1983, and who have attained 6 years of age but have not attained--

___ 7 years of age; or

___ 8 years of age.

TN No. 93-02
Supersedes
TN No. 91-22

Approval Date APR 16 1993

Effective Date 01/01/93

HCFA ID: 7983E

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(BPD)
NEVADA

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State: _____

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

N/A

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-22
Supersedes
TN No. 89-14

Approval Date JAN 13 1992

Effective Date 10/01/91

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

N/A

- 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. 92-11

Supersedes

TN No. 91-22

Approval Date APR 1 1992

Effective Date 01/01/92

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State: NEVADA

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47) <input checked="" type="checkbox"/>	17.	Pregnant women who meet the applicable income levels specified in this plan under <u>ATTACHMENT 2.6-A</u> who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.
and 1920 of the Act	N/A	

TN No. 91-22
Supersedes
TN No. 87-9

Approval Date JAN 13 1992

Effective Date 10/01/91

HCFA ID: 7983E

State/Territory: NEVADA

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

N/A

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19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 92-9
Supercedes
TN No. N/A

Approval Date APR 16 1992

Effective Date 7/1/92
HCFA ID: 7982E

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State: NEVADA

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tation(s) Groups Covered

are C. Optional Coverage of the Medically Needy

5.301 This plan includes the medically needy.

☒ No.

☐ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

of the 2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

0) 3. Individuals under age 18 who, but for
) income and/or resources, would be eligible
t under section 1902(a)(10)(A)(i) of the Act.

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Effective Date 10/01/91

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HCFA ID: 7983E

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